| No. W 115857 | | Due no later than Jul 31, 2017 | 2. Registered Agent and Address (NO PO BOX) | | | | |
|--|------------|---|---|--|---------|-------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. CRIBIFORM PLEXUS LLC BROOKE OLER 2041 STADIUM BLVD TWIN FALLS ID 83301 | 2041 STADIU TWIN FALLS | BROOKE OLER 2041 STADIUM BLVD TWIN FALLS ID 83301 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar | | mes and Addresses of at least one Member or Manager. | | | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code | |
| MEMBER | ELIZA OLER | 2041 STADIUM BLVD | TWIN FALLS | ID | USA | 83301 | |
| 5. Organized Under the Laws of: ID W 115857 | | 6. Annual Report must be signed.* Signature: cameron oler Name (type or print): cameron oler | Date: 05/21/2017 Title: member | | | | |
| Processed 05/21/2017 * Electronically provided signatures are accepted as original signatures. | | | | | | | |